

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION City, Town, or Plantation: <u>LAMOINE</u> Street or Road: <u>BUTTERMILK ROAD</u> Subdivision, Lot #: _____		>> CAUTION: LPI APPROVAL REQUIRED << Town/City: <u>Lamoine</u> Permit # <u>1887</u> Date Permit Issued: <u>4.11.18</u> Fee \$ <u>205</u> Double Fee Charged () Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>394</u> Fee: \$ <u>205</u> state min. fee \$ _____ Locally adopted fee _____ Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State	
OWNER/APPLICANT INFORMATION Name (last, first, MI): <u>MERCHANT, BOB</u> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant Mailing Address of: <u>163 BUTTERMILK ROAD</u> <u>LAMOINE, ME. 04605</u> Daytime Tel. #: <u>207-667-8804</u>		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit. <u>Robert Z. Merchant</u> <u>4/3/18</u> Signature of Owner or Applicant Date		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. Municipal Tax Map # <u>19</u> Lot # <u>15-1</u> Local Plumbing Inspector Signature _____ (1st Date Approved) _____ (2nd Date Approved) _____	

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input checked="" type="checkbox"/> 3. Expanded System TNO <input type="checkbox"/> a. Minor Expansion <25% BE <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
SIZE OF PROPERTY <u>8/10</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) <u>(WAS)</u> Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>1250</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>300</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>3 LIPEC</u> at Observation Hole # <u>2</u> Depth <u>32</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44° 30' 53.6" N</u> Lon. <u>68° 22' 55.7" W</u> if g.p.s., state margin of error <u>30'</u>

SITE EVALUATOR STATEMENT

I certify that on 10-10-17 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

<u>[Signature]</u>	319	<u>10-14-17</u>
Site Evaluator Signature	SE#	Date
WILLIAM A. LaBELLE, JR.	(207) 537-5900	labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation
LAMOINE

Street, Road, Subdivision
BUTTERMILK ROAD

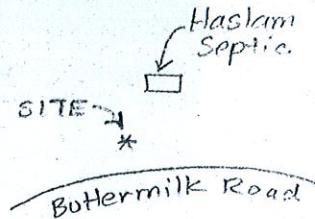
Owner or Applicant Name
BOB MERCHANT

SITE PLAN

Scale 1" = 60 Ft.

(SEE ATTACHED SITE PLAN)

SITE LOCATION PLAN
(Attach map from Maine Atlas
for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1 ☒ Test Pit ☐ Boring
1 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
STONY LOAM (FILL)	FRIABLE	OLIVE BROWN (2.5Y4/4)	
GRAVELLY SAND	LOOSE	BROWN (10YR 4/3)	N.E.
ORGANIC	FIRM	DARK BROWN (10YR 3/3)	COMMON DISTINCT
DEPTH BELOW MINERAL SOIL SURFACE (inches)			
10			
20			
30			
40			
50			

Soil Classification
3 LINE C
Profile Condition

Slope
2 %

Limiting Factor
30"
Depth

☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
1 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
STONY LOAM (FILL PER OWNER)	FRIABLE	OLIVE BROWN (2.5Y4/4)	N.E.
ORGANIC	FIRM	BLACK DARK YELLOWISH BROWN (10YR 4/6)	COMMON DISTINCT
DEPTH BELOW MINERAL SOIL SURFACE (inches)			
10			
20			
30			
40			
50			

Soil Classification
3 LINE C
Profile Condition

Slope
1 %

Limiting Factor
32"
Depth

☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Site Evaluator's Signature

319
S. E. #

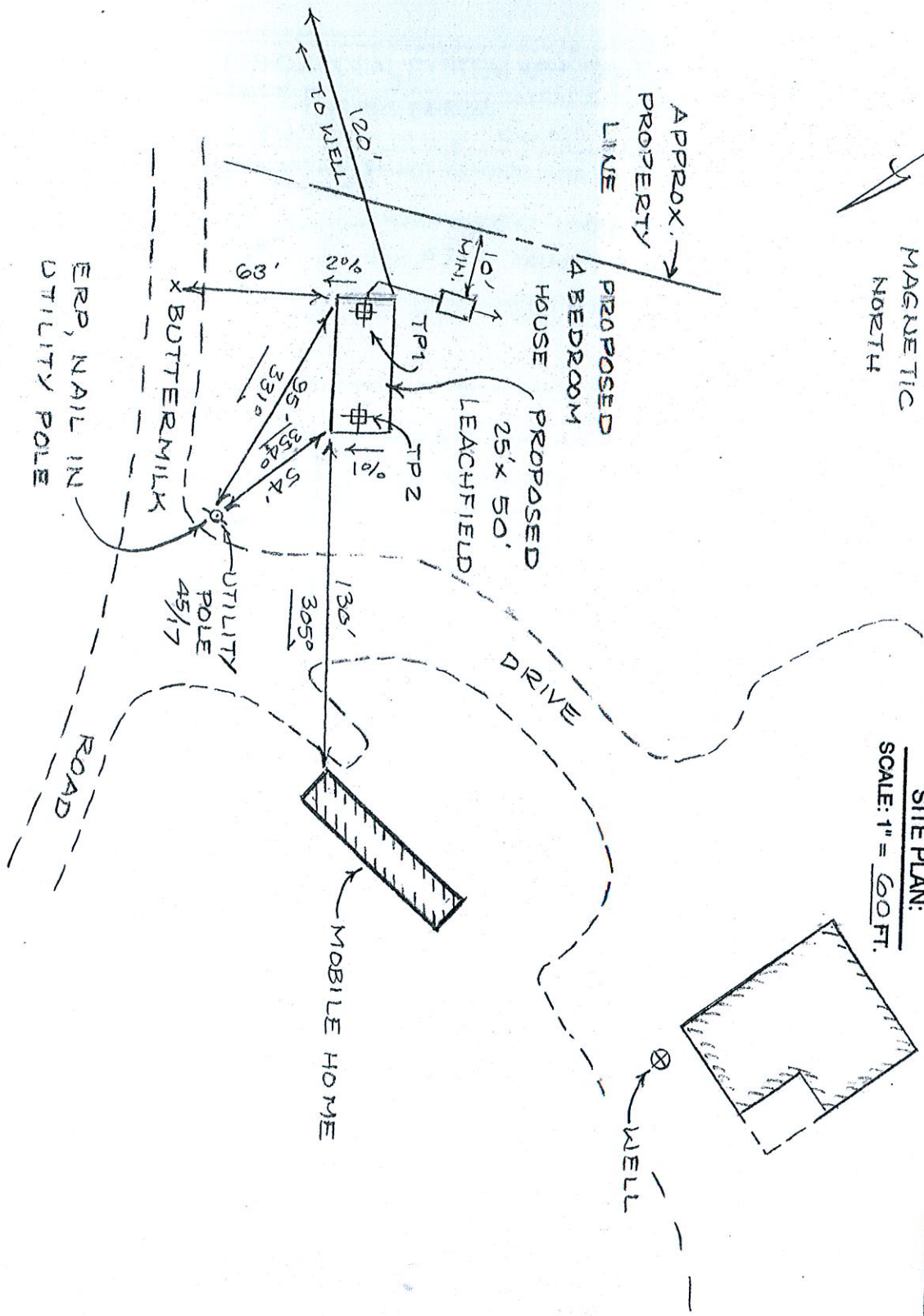
10-14-17
Date

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Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
LANOINE	BUTTERMILK ROAD	BOB MERCHANT

MAGNETIC
NORTH

SITE PLAN:
SCALE: 1" = 60 FT.



Site Evaluator's Signature _____

SE # 319 _____

Date 10-14-17 _____

DISPOSAL BED CROSS SECTION

3 FT.
WIDE
BERM

25 FT.
SCALE: 1" = 5'

3 FT.
WIDE
BERM

NOTE:
GRADE UPSLOPE TO DIVERT
SURFACE WATER AWAY FROM
SYSTEM, ALSO DOWNSLOPE.

FILL MATERIAL SHALL BE 8"-12" MIN. THICK
OVER STONE AND SHALL BE GRAVELLY
COARSE SAND TO THE STANDARDS IN
SEC. 11-E IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
PLACED OVER STONE.

FILL EXTENSIONS
NO GREATER THAN 4:1.

EXISTING GRADE
LIMITING FACTOR

REMOVE VEGETATION AND SCARIFY
ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0"

-33" CROWN

-49"

-60"

OWNER: BOB MERCHANT
LOCATION: LAMOLINE

WAC

DOC 17 WILLIAM A. LABELLE, JR.

4" PERF. PIPE,
TYPICAL

TOP 4" OF FILL TO BE A GOOD LOAM
SOIL MIX TO ESTABLISH A GOOD
VEGETATIVE COVER; SEED
AND MULCH TO PREVENT EROSION,
SEC. 11-G.

FILL EXTENSIONS
(NO GREATER THAN 4:1)

12" CLEAN STONE,
(1 1/2" DIA.), UNIFORM SIZE

THOROUGHLY MIX, DISK OR ROTO-TILL
CLEAN, COARSE, SHARP SAND INTO
TOP 6 INCHES OF ORIGINAL SOIL TO
CREATE A TRANSITION ZONE, SEC. 11-B.

BOTTOM OF STONE MUST BE
LEVEL WITH MAXIMUM GRADE
TOLERANCE OF 2" PER 100.

NOTE:

SYSTEM MUST BE INSTALLED ACCORDING
TO THE RULES AND PRACTICES SET FORTH
IN THE MOST CURRENT VERSION OF THE
STATE OF MAINE SUBSURFACE WASTEWATER
DISPOSAL RULES. INSTALLATION CONTRATOR
MUST BE FAMILIAR WITH SAID RULES AND
CONSTRUCT SYSTEM IN FULL COMPLIANCE
WITH SECTION 11 OF SAID RULES.

S.E.#

319

DATE

10-14-17